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(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	<b>⇒</b> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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## **COVER LETTER**

TO:	Registration Se Division of Co	ection orporations			
SUBJE	ECT:	TROPICAL STATI	E REALTY	, LLC	
		(Name of Limite	d Liability Co	mpany)	
The en	closed Articles o	f Organization and fee(s) are s	submitted for fi	ling.	
Please	return all corresp	ondence concerning this matte	er to the follow	ving:	
		JULIA	FINNIGAI	N	
		(	Name of Person	)	
		TROPICAL	STATE RE	EALTY, LLO	
			(Firm/Company)	)	
		2460 NV	V 41ST	STREET	20
			(Address)		OFFER 10
				FL 33431	
		(City	/State and Zip C	Code)	PH
For fur	ther information	concerning this matter, please	call:		F: 2:
JUL	LIA FINNIG	AN	at ( 561	, 998-438	ω
	(Name	of Person)	(Area (	Code & Daytime T	elephone Number)
Enclos	sed is a check for	or the following amount:			
<b>]</b> \$125	i.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & Copy opy is enclosed)	\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	d/Courier Address tration Section ion of Corporation in Building Executive Center trassee, FL 32301	กร

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TROPICAL STATE REA	d Liability Company is  ALTY, LLC	:	
		ted Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Addres	ng#		
		rincipal office of the Limited Liabi	lity Company is:
-	•	•	1 1
Principal Office Addr	ess:	Mailing Address:	
2460 41ST STREET		2460 41ST STREET	_
BOCA RATON, FL 33431		BOCA RATON, FL 33431	
<del></del>	<del></del> _		
(The Limited Liability Compan business entity with an active	ly cannot serve as its own Regis	d Office, & Registered Agent's Sistered Agent. You must designate an individual registered agent are:	or another
	DI II LA PINI	NICAN	
	JULIA FIN	<del></del>	3
	JULIA FIN Name	<del></del>	27 10 E
	<del></del>		1008 FET 10 P
	Name 2460 41ST		20 0 PM
	Name 2460 41ST	STREET dress (P.O. Box <u>NOT</u> acceptable)	510 PH 4: 2
	Name 2460 41ST Florida street ad	STREET  dress (P.O. Box <u>NOT</u> acceptable)  FL 33431	510 PH 4:23

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	oer er e
MRG	JULIA FINNIGAN
	2460 41ST STREET
	BOCA RATON, FL 33431
	200C
	2006 FER 10
<del></del>	<b></b>
	23
(Use attachment if necessary)	
CLE V: Effective date, if other to effective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of	a member or an authorized depresentative of a member.
of this docum	e with section 608.408(3), Florida Statutes, the execution tent constitutes an affirmation under the penalties of perjury its stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

JULIA FINNIGAN

Typed or printed name of signee